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PTO/SB/17 (05-07)

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FEE TRANSMITTAL		Complete if Known			
		Application Number	10/718,810-Conf. #3459 November 24, 2003 Hayami NAKAGAWA		
		Filing Date			
		First Named Inventor			
		Examiner Name	Gregory J. Strimbu		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3634		
TOTAL AMOUNT OF PAYMENT	(\$) 1,810.00	Attorney Docket No.	0649-0931P		
METHOD OF DAVMENT		· · · · · · · · · · · · · · · · · · ·			

METHOD OF PAYMENT	(check all	that apply)						
Check Credit Ca	ard l	Money Order	None	Other (please identi	fy):		
x Deposit Account Depos	it Account Num	ber: <u>02-2448</u> ı	Deposit Account	Name:	Birch, Stev	wart, Kolasch	& Birch,	LLP
For the above-identit	fied deposit	account, the D	irector is he	reby authorize	d to: (check	(all that apply)		
x Charge fee(s)	indicated be	elow		Charge	e fee(s) indi	cated below, ex	cept for t	the filing fee
Charge any ad	ditional feet	s) or underoav	ments of	x Credit	any overpay	monte	•	_
fee(s) under 3	7 CFR 1.16	and 1.17			any Overpa	ymems		
FEE CALCULATION								
1. BASIC FILING, SEARCH,	•			0115550	EVALUE.	ATION EEEO		
	FILIN	G FEES Small Entity	SEAR	CH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility	300	150	500	250	200	100		,
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including	_	•					50	25
Each independent claim ove	r 3 (includi	ng Reissues)					200	100
Multiple dependent claims							360	180
Total Claims Extra C		Fee (\$)	Fee Paid	1 (\$)		tiple Depende		_
16 - = HP = highest number of total clain	ne paid for if a	= _			<u>Fee</u>	<u>(\$)</u> <u>!</u>	Fee Paid (<u>\$1</u>
Indep. Claims Extra C		Fee (\$)	Fee Paic	i /¢\	-			
2 -=	, <u>iaiiiis</u> <u>i</u>	=	1 CC F GIC	4 (Ψ)				
HP = highest number of independ	ent claims paid	for, if greater tha	n 3.					
3. APPLICATION SIZE FEE					•			
If the specification and draw								
listings under 37 CFR 1					or small ent	ity) for each a	dditional 5	0
sheets or fraction thereo							-	D-14 (A)
Total Sheets Ext	tra Sheets			tional 50 or frac		Fee (\$)	ree	<u>Paid (\$)</u>
4. OTHER FEE(S)		/50 =	(ro	und up to a who	ie number) x			Paid (\$)
Non-English Specificatio	n. \$130 fe	e (no small en	tity discoun	t)			<u>rees</u>	<u>гаш (Ф)</u>
Other (e.g., late filing sur	charge). 1	801 Request	for continu	., ied examinat	ion (RCE)	(see 37	79	90.00
other (e.g., late filling sur	1:	253 Extensio	n for respo	nse within th	ird month	•	1,0	020.00
SURMITTED BY						<u></u> -		

SUBMITTED BY	- n n //				
Signature	11 Williams	Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Cammarata			Date	May 15, 2007

